



Summer School

High School
June 3- June 20

Enrollment Form

Please print student's name and personal information clearly. In case of illness or emergency, we **must** have a daytime phone number.

Office use only:

BOE Receipt: # _____
Amount Paid _____
Date Paid _____
Refunded Amount _____
Payment Location _____
MES/Upward Bound/Trio _____

_____ 2018-2019 School
_____ Summer School Site

Where Enrolling: _____

Student ID: _____

DOB _____ 2018-2019 Grade: 08 09 10 11 12 Sex _____ M _____ F Race _____

First Name _____ Last Name _____

Address _____ City _____

Zip Code _____ e-mail address _____

Parent/Guardian _____ Home Phone _____ Day Phone _____

Emergency Name _____ Phone _____ Relationship _____

Emergency Name _____ Phone _____ Relationship _____

Hospital Preference _____ Pupil's Physician _____ Phone _____

| <u>Course Name</u> | <u>Course Number</u> | <u>Fee plus TBR</u> |
|--------------------|----------------------|---------------------|
| COURSE NAME | COURSE NUMBER | PER COURSE |
| AM Session _____ | _____ | \$ _____ |
| PM Session _____ | _____ | _____ |

REPEAT or ORIGINAL CREDIT

Counselor Approval (transcript must be attached with class highlighted) Total Fees \$ _____

ADDITIONAL INFORMATION

Does your student have a significant physical condition or health concern? Yes No

Diabetes Epilepsy Asthma Allergy Other _____
(talk to current school nurse about continuing this care)

Are medications required to be administered during the instructional time?
 Yes No

Is a language other than English spoken as the primary language in the house?
 Yes No If yes, specify language _____

Is your student receiving any special services or programs with Special Education?
 Yes No If yes, specify program _____

I have read all Summer School expectations and requirements listed in the Summer School brochure (please sign below)

_____ (Student's signature) _____ (Parent's signature)